(c) whether the funds earmarked for such services have been utilised fully; and

(d) if not, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) Yes, Sir. To achieve the goal of 'Health for All' by 2000 A.D. A comprehensive network of rural health infrastructure comprising 1,36,818 Sub-centres, 22,991 Primary Health Centres, 2,712 Community Health Centres has been established throughout the country as on 30.6.1998 to provide preventive, promotive and curative health care in rural areas.

Government has been making every effort to augment the resources for the health and family welfare sectors by mobilising external assistance from various bilateral and multilateral agencies for implementing the national programmes for AIDS, Malaria, T.B., Leprosy, Blindness, Reproductive Child Health Programme. Besides, for upgrading the rural hospitals in selected States World Bank assistance has been availed of which would further improve delivery of health services.

(c) and (d) The funds earmarked in the respect of major health programmes have been utilised to a large extent.

Blindness due to cataract operations

220. SHRI PRAFULL GORADIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of persons who have become blind as a result of cataract operations, done without proper precautions, in Government Hospitals/Camps in different States during the last three years, year-wise;

(b) the steps taken to check recurrence of such negligence and with what success;

(c) whether any action has been initiated against the doctors concerned; and

(d) if so, whether anybody has been prosecuted?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) No such data is maintained at the Central level.

(b) Steps taken to check recurrence of mishaps in eye camps include the following:

1. Guidelines for organising eye camps have been issued for compliance.
2. The organisers have to seek permission from Chief Medical Officer before conducting eye camps.
3. Standard list of drugs and other material used for eye camps has been advocated.
4. Generators, sterilisers and fumigation machines have been procured centrally and distributed to District Blindess Control Societies.

(c) and (d) The action is taken by concerned State Government/ UT Administration.

ICMR study on tobacco

221. SHRI SANTOSH BAGRODIA:Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Indian Council of Medical Research has made any study on economics of tobacco in India;

(b) if so, the salient features thereof; and

(c) whether it is a fact that health costs of tobacco are much more than the gains from its cultivation?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) and (b) The Indian Council of Medical Research carried out a task force project on cost of management of tobacco related diseases. The diseases considered under the project were tobacco related cancers, coronary heart disease and chronic obstructive lung diseases. The